

## PART B - FEE(S) TRANSMITTAL

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7590

05/19/2004

NIXON & VANDERHYE  
1100 NORTH GLEBE ROAD  
8TH FLOOR  
ARLINGTON, VA 222014714

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/836,734	07/02/1997	JACQUES BECKMANN	960-29	6656

TITLE OF INVENTION: LGMD GENE CODING FOR A CALCIUM DEPENDENT PROTEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FREDMAN, JEFFREY NORMAN	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon &amp; Vanderhye P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Association Francaise Contre  
Les Myopathies

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

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(Authorized Signature) Gary Tanigawa (Date) 07/02/04

07/07/2004 BSAYAS12 00000137 08836734

01 FC:2501  
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